



TENNESSEE DEPARTMENT OF HEALTH
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Establishment Name: **Tots' Spot Academy Food Svc**
 Address: **517 River Rock Blvd**
 City: **Murfreesboro**
 Inspection Date: **03/19/2024** Establishment #: **605313830** Time in: **10:13 AM** AM / PM
 Type of Establishment: Farmer's Market Food Unit
 Permanent Mobile
 Temporary Seasonal
 Embargoed: **0** Time out: **10:20 AM** AM / PM
 Purpose of Inspection: Routine Follow-up Complaint Preliminary Consultation/Other
 Risk Category: O1 O2 O3 O4 Follow-up Required: Yes No Number of Seats: **99**

SCORE

99

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

Compliance Status				COS	R	WT
IN	OUT	NA	NO			
Supervision						
1	<input checked="" type="checkbox"/> O			Person in charge present, demonstrates knowledge, and performs duties	O	O 5
2	<input checked="" type="checkbox"/> O			Management and food employee awareness, reporting	O	O
3	<input checked="" type="checkbox"/> O			Proper use of restriction and exclusion	O	O 5
Employee Health						
4	<input checked="" type="checkbox"/> O			Proper eating, tasting, drinking, or tobacco use	O	O
5	<input checked="" type="checkbox"/> O			No discharge from eyes, nose, and mouth	O	O 5
Good Hygienic Practices						
6	<input checked="" type="checkbox"/> O			Hands clean and properly washed	O	O
7	<input checked="" type="checkbox"/> O	<input type="checkbox"/> O		No bare hand contact with ready-to-eat foods or approved alternate procedures followed	O	O 5
8	<input checked="" type="checkbox"/> O			Handwashing sinks properly supplied and accessible	O	O 2
Approved Source						
9	<input checked="" type="checkbox"/> O			Food obtained from approved source	O	O
10	<input type="checkbox"/> O	<input type="checkbox"/> O	<input checked="" type="checkbox"/> X	Food received at proper temperature	O	O
11	<input checked="" type="checkbox"/> O			Food in good condition, safe, and unadulterated	O	O 5
12	<input type="checkbox"/> O	<input checked="" type="checkbox"/> X	<input type="checkbox"/> O	Required records available: shell stock tags, parasite destruction	O	O
Protection from Contamination						
13	<input type="checkbox"/> O	<input checked="" type="checkbox"/> X		Food separated and protected	O	O 4
14	<input checked="" type="checkbox"/> O	<input type="checkbox"/> O		Food-contact surfaces: cleaned and sanitized	O	O 5
15	<input checked="" type="checkbox"/> O			Proper disposition of unsafe food, returned food not re-served	O	O 2
Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods						
16	<input type="checkbox"/> O	<input checked="" type="checkbox"/> O	<input checked="" type="checkbox"/> X	Proper cooking time and temperatures	O	O
17	<input type="checkbox"/> O	<input checked="" type="checkbox"/> O	<input checked="" type="checkbox"/> X	Proper reheating procedures for hot holding	O	O 5
Cooling and Holding, Date Marking, and Time as a Public Health Control						
18	<input type="checkbox"/> O	<input checked="" type="checkbox"/> O	<input checked="" type="checkbox"/> X	Proper cooling time and temperature	O	O
19	<input type="checkbox"/> O	<input checked="" type="checkbox"/> O	<input checked="" type="checkbox"/> X	Proper hot holding temperatures	O	O
20	<input checked="" type="checkbox"/> X	<input type="checkbox"/> O		Proper cold holding temperatures	O	O
21	<input checked="" type="checkbox"/> X	<input type="checkbox"/> O	<input type="checkbox"/> O	Proper date marking and disposition	O	O 5
22	<input type="checkbox"/> O	<input checked="" type="checkbox"/> X	<input type="checkbox"/> O	Time as a public health control: procedures and records	O	O
Consumer Advisory						
23	<input type="checkbox"/> O	<input checked="" type="checkbox"/> X		Consumer advisory provided for raw and undercooked food	O	O 4
Highly Susceptible Populations						
24	<input checked="" type="checkbox"/> X	<input type="checkbox"/> O	<input type="checkbox"/> O	Pasteurized foods used; prohibited foods not offered	O	O 5
Chemicals						
25	<input type="checkbox"/> O	<input checked="" type="checkbox"/> X		Food additives: approved and properly used	O	O
26	<input checked="" type="checkbox"/> X	<input type="checkbox"/> O		Toxic substances properly identified, stored, used	O	O 5
Conformance with Approved Procedures						
27	<input type="checkbox"/> O	<input checked="" type="checkbox"/> X		Compliance with variance, specialized process, and HACCP plan	O	O 5

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES				R-repeat (violation of the same code provision)		
Compliance Status				COS	R	WT
OUT						
Safe Food and Water						
28	<input type="checkbox"/> O			Pasteurized eggs used where required	O	O 1
29	<input type="checkbox"/> O			Water and ice from approved source	O	O 2
30	<input type="checkbox"/> O			Variance obtained for specialized processing methods	O	O 1
Food Temperature Control						
31	<input type="checkbox"/> O			Proper cooling methods used; adequate equipment for temperature control	O	O 2
32	<input type="checkbox"/> O			Plant food properly cooked for hot holding	O	O 1
33	<input type="checkbox"/> O			Approved thawing methods used	O	O 1
34	<input type="checkbox"/> O			Thermometers provided and accurate	O	O 1
Food Identification						
35	<input type="checkbox"/> O			Food properly labeled; original container; required records available	O	O 1
Prevention of Food Contamination						
36	<input type="checkbox"/> O			Insects, rodents, and animals not present	O	O 2
37	<input type="checkbox"/> O			Contamination prevented during food preparation, storage & display	O	O 1
38	<input type="checkbox"/> O			Personal cleanliness	O	O 1
39	<input type="checkbox"/> O			Wiping cloths; properly used and stored	O	O 1
40	<input type="checkbox"/> O			Washing fruits and vegetables	O	O 1
Proper Use of Utensils						
41	<input type="checkbox"/> O			In-use utensils; properly stored	O	O 1
42	<input type="checkbox"/> O			Utensils, equipment and linens; properly stored, dried, handled	O	O 1
43	<input type="checkbox"/> O			Single-use/single-service articles; properly stored, used	O	O 1
44	<input type="checkbox"/> O			Gloves used properly	O	O 1
Utensils and Equipment						
45	<input type="checkbox"/> O			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	O	O 1
46	<input type="checkbox"/> O			Warewashing facilities, installed, maintained, used, test strips	O	O 1
47	<input type="checkbox"/> O			Nonfood-contact surfaces clean	O	O 1
Physical Facilities						
48	<input type="checkbox"/> O			Hot and cold water available; adequate pressure	O	O 2
49	<input type="checkbox"/> O			Plumbing installed; proper backflow devices	O	O 2
50	<input type="checkbox"/> O			Sewage and waste water properly disposed	O	O 2
51	<input type="checkbox"/> O			Toilet facilities: properly constructed, supplied, cleaned	O	O 1
52	<input type="checkbox"/> O			Garbage/refuse properly disposed; facilities maintained	O	O 1
53	<input checked="" type="checkbox"/> X			Physical facilities installed, maintained, and clean	O	O 1
54	<input type="checkbox"/> O			Adequate ventilation and lighting; designated areas used	O	O 1
Administrative Items						
55	<input type="checkbox"/> O			Current permit posted	O	O
56	<input type="checkbox"/> O			Most recent inspection posted	O	O 0
Compliance Status						
57				Non-Smokers Protection Act		
58				Tobacco products offered for sale		
59				If tobacco products are sold, NSPA survey completed		

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

Signature of Person In Charge

03/19/2024

Date

Signature of Environmental Health Specialist

03/19/2024

Date

**** Additional food safety information can be found on our website, <http://tn.gov/health/article/eh-foodservice> ****

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NSPA Survey – To be completed if #57 is "No"

Age-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are twenty-one (21) years of age or older.

Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.

"No Smoking" signs or the International "Non-Smoking" symbol are not conspicuously posted at every entrance.

Garage type doors in non-enclosed areas are not completely open.

Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.

Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.

Smoking observed where smoking is prohibited by the Act.

Warewashing Info

Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)

Equipment Temperature

Description	Temperature (Fahrenheit)

Food Temperature

Description	State of Food	Temperature (Fahrenheit)

Observed Violations

Total # 1

Repeated # 0

53:

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Comments/Other Observations

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***See page at the end of this document for any violations that could not be displayed in this space.

Additional Comments

See last page for additional comments.

***See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

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Comments/Other Observations (cont'd)***Additional Comments (cont'd)***

See last page for additional comments.

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Sources

Source Type: Source:

Additional Comments